

		FOR OFF USE					

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2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0035618

Facility Name: Bryn Mawr Care Inc.

Address: 5547 North Kenmore Chicago 60640
Number City Zip Code

County: Cook

Telephone Number: (773) 561-7040 Fax # (773) 561-7543

IDPA ID Number: 363654908001

Date of Initial License for Current Owners: 08/01/89

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☐ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☒ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/04 to 12/31/04 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)	
	(Type or Print Name)			
	(Title)			
Paid Preparer	(Signed)		(Date)	
	(Print Name and Title)	Cary C. Buxbaum, C.P.A.		
	(Firm Name & Address)	Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015		
	(Telephone)	(847) 236-1111 Fax # (847) 236-1155		
	MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630			

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc.

0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	174	Intermediate (ICF)	174	63,684	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	174	TOTALS	174	63,684	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	60,128	564	272	60,964	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	60,128	564	272	60,964	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.73%

SEE ACCOUNTANTS' COMPILATION REPORT

D. How many bed-hold days during this year were paid by Public Aid? 1,000 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 08/01/89

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 08/01/89 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☐ NO ☒ If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	139,757	13,940	29,748	183,445		183,445	(16,676)	166,769			1
2	Food Purchase		237,509		237,509	(15,500)	222,009	(22)	221,987			2
3	Housekeeping	118,752	18,126		136,878		136,878	526	137,404			3
4	Laundry		11,138		11,138		11,138		11,138			4
5	Heat and Other Utilities			88,444	88,444		88,444	1,944	90,388			5
6	Maintenance	46,379	9,385	58,214	113,978		113,978	(13,789)	100,189			6
7	Other (specify):*							4,194	4,194			7
8	TOTAL General Services	304,888	290,098	176,406	771,392	(15,500)	755,892	(23,823)	732,069			8
	B. Health Care and Programs											
9	Medical Director			3,600	3,600		3,600		3,600			9
10	Nursing and Medical Records	916,166	28,561	106,484	1,051,211		1,051,211	(27,952)	1,023,259			10
10a	Therapy	18,837		17,532	36,369		36,369	(6,327)	30,042			10a
11	Activities	122,869	9,294		132,163		132,163		132,163			11
12	Social Services	185,464		3,600	189,064		189,064		189,064			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*							4,941	4,941			15
16	TOTAL Health Care and Programs	1,243,336	37,855	131,216	1,412,407		1,412,407	(29,338)	1,383,069			16
	C. General Administration											
17	Administrative	75,881		351,080	426,961		426,961	(227,686)	199,275			17
18	Directors Fees											18
19	Professional Services			119,911	119,911	(1,506)	118,405	(84,822)	33,583			19
20	Dues, Fees, Subscriptions & Promotions			22,589	22,589		22,589	(6,117)	16,472			20
21	Clerical & General Office Expenses	82,944	18,469	71,484	172,897		172,897	(4,061)	168,836			21
22	Employee Benefits & Payroll Taxes			284,589	284,589	15,500	300,089	(419)	299,670			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,383	2,383		2,383	405	2,788			24
25	Other Admin. Staff Transportation			2,524	2,524		2,524	2,366	4,890			25
26	Insurance-Prop.Liab.Malpractice			141,095	141,095		141,095	1,215	142,310			26
27	Other (specify):*							30,523	30,523			27
28	TOTAL General Administration	158,825	18,469	995,655	1,172,949	13,994	1,186,943	(288,596)	898,347			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,707,049	346,422	1,303,277	3,356,748	(1,506)	3,355,242	(341,757)	3,013,485			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			64,967	64,967		64,967	140,094	205,061			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			20,870	20,870		20,870	362,069	382,939			32
33	Real Estate Taxes			105,502	105,502	1,506	107,008	5,386	112,394			33
34	Rent-Facility & Grounds			575,880	575,880		575,880	(575,880)				34
35	Rent-Equipment & Vehicles			5,820	5,820		5,820	7,689	13,509			35
36	Other (specify):*							8,548	8,548			36
37	TOTAL Ownership			773,039	773,039	1,506	774,545	(52,093)	722,452			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			95,526	95,526		95,526		95,526			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			95,526	95,526		95,526		95,526			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,707,049	346,422	2,171,842	4,225,313		4,225,313	(393,850)	3,831,463			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	94,865	30		9
10	Interest and Other Investment Income	(42,724)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(22)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,290)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(30,622)	21		24
25	Fund Raising, Advertising and Promotional	(2,185)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(30,060)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (12,038)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(381,812)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (381,812)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (393,850)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Bryn Mawr Care Inc.

ID#	0035618
Report Period Beginning:	01/01/04
Ending:	12/31/04

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	COPE Dues	\$ (2,992)	20	1
2	Legal Fees (Prior Year)	(2,466)	19	2
3	State Replacement Tax	(14,342)	21	3
4	Veterans - Drugs	(6,448)	10	4
5	Veterans - Purchased Services	(385)	10	5
6	Miscellaneous Income	(34)	10	6
7	Capitalized R&M	(3,393)	06	7
8				8
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99				99
100				100
101	Total	(30,060)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bryn Mawr Care Inc.

0035618

Report Period Beginning:

01/01/04

Ending:

12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary					(11,985)	(4,691)						(16,676)	1
2	Food Purchase	(22)											(22)	2
3	Housekeeping			526									526	3
4	Laundry													4
5	Heat and Other Utilities			689	1,255								1,944	5
6	Maintenance	(3,393)		502	(9,948)	282	(991)		(240)				(13,789)	6
7	Other (specify):*				852	1,208	2,134						4,194	7
8	TOTAL General Services	(3,415)		1,717	(7,841)	(10,495)	(3,548)		(240)				(23,823)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(6,867)			(18,467)				(2,618)				(27,952)	10
10a	Therapy						(6,327)						(6,327)	10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*				3,028		1,913						4,941	15
16	TOTAL Health Care and Programs	(6,867)			(15,439)		(4,414)		(2,618)				(29,338)	16
	C. General Administration													
17	Administrative			13,508	(52,513)	(167,081)	(21,600)						(227,686)	17
18	Directors Fees													18
19	Professional Services	(2,466)		(80,847)	291	12,300	(14,100)						(84,822)	19
20	Fees, Subscriptions & Promotions	(6,467)		165	185								(6,117)	20
21	Clerical & General Office Expenses	(44,964)	168	46,602	(6,250)	383							(4,061)	21
22	Employee Benefits & Payroll Taxes							(419)					(419)	22
23	Inservice Training & Education													23
24	Travel and Seminar			132	273								405	24
25	Other Admin. Staff Transportation			454	1,912								2,366	25
26	Insurance-Prop.Liab.Malpractice			329	605	281							1,215	26
27	Other (specify):*			7,985	3,568	18,970							30,523	27
28	TOTAL General Administration	(53,897)	168	(11,672)	(51,929)	(135,147)	(35,700)	(419)					(288,596)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(64,179)	168	(9,955)	(75,209)	(145,642)	(43,662)	(419)	(2,859)				(341,757)	29

Summary B

12/31/04

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	94,865	41,189	1,627	2,413								140,094	30
	Depreciation													31
	Amortization of Pre-Op. & Org.													32
	Interest	(42,724)	403,691	295	807								362,069	33
	Real Estate Taxes			1,774	3,612								5,386	34
	Rent-Facility & Grounds		(575,880)										(575,880)	35
	Rent-Equipment & Vehicles			1,710	1,473	4,506							7,689	36
	Other (specify):*		8,548										8,548	37
	TOTAL Ownership	52,141	(122,452)	5,406	8,305	4,506							(52,093)	
	Ancillary Expense													
	E. Special Cost Centers													
	Medically Necessary Transportation													38
	Ancillary Service Centers													39
	Barber and Beauty Shops													40
	Coffee and Gift Shops													41
	Provider Participation Fee													42
	Other (specify):*													43
	TOTAL Special Cost Centers													44
	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(12,038)	(122,284)	(4,549)	(66,904)	(141,136)	(43,662)	(419)	(2,859)				(393,850)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Bryn Mawr Care LLC		BLDG Company

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 575,880	Bryn Mawr Care LLC		\$	\$ (575,880)	1
2	V	33	Rent Real Estate Taxes	105,502	Bryn Mawr Care LLC			(105,502)	2
3	V	36	Amortization of Loan Fees		Bryn Mawr Care LLC		8,548	8,548	3
4	V	30	Depreciation		Bryn Mawr Care LLC		41,189	41,189	4
5	V	32	Mortgage Interest		Bryn Mawr Care LLC		404,117	404,117	5
6	V	33	Real Estate Tax		Bryn Mawr Care LLC		105,502	105,502	6
7	V	21	Office Expense		Bryn Mawr Care LLC		168	168	7
8	V	32	Interest Income	426	Bryn Mawr Care LLC			(426)	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 681,808			\$ 559,524	\$ * (122,284)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number	Bryn Mawr Care Inc.	#	0035618	Report Period Beginning:	01/01/04	Ending:	12/31/04
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VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	3	HOUSEKEEPING	\$	PREFERRED BOOKKEEPING	100.00%	\$ 526	\$ 526	15
16	V	5	UTILITIES		PREFERRED BOOKKEEPING	100.00%	689	689	16
17	V	6	REPAIRS AND MAINT.		PREFERRED BOOKKEEPING	100.00%	502	502	17
18	V	17	ADMIN. FINANCIAL SAL.		PREFERRED BOOKKEEPING	100.00%	13,508	13,508	18
19	V	19	PROFESSIONAL FEES		PREFERRED BOOKKEEPING	100.00%	1,091	1,091	19
20	V	20	DUES,SUBSCRIPTIONS		PREFERRED BOOKKEEPING	100.00%	165	165	20
21	V	21	CLERICAL		PREFERRED BOOKKEEPING	100.00%	46,602	46,602	21
22	V	24	SEMINARS		PREFERRED BOOKKEEPING	100.00%	132	132	22
23	V	25	ADMIN. STAFF TRAVEL		PREFERRED BOOKKEEPING	100.00%	454	454	23
24	V	26	INSURANCE		PREFERRED BOOKKEEPING	100.00%	329	329	24
25	V	27	EMPLOYEE BENEFITS		PREFERRED BOOKKEEPING	100.00%	7,985	7,985	25
26	V	30	DEPRECIATION		PREFERRED BOOKKEEPING	100.00%	1,627	1,627	26
27	V	32	INTEREST		PREFERRED BOOKKEEPING	100.00%	295	295	27
28	V	33	REAL ESTATE TAXES		PREFERRED BOOKKEEPING	100.00%	1,774	1,774	28
29	V	35	EQUIPMENT RENTAL		PREFERRED BOOKKEEPING	100.00%	1,710	1,710	29
30	V								30
31	V								31
32	V	19	ACCOUNT./BOOKKEEPING	81,938	PREFERRED BOOKKEEPING	100.00%		(81,938)	32
33	V	19	COMPUTER	4,176	PREFERRED BOOKKEEPING	100.00%	4,176		33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 86,114			\$ 81,565	\$ * (4,549)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	\$	S.I.R. MANAGEMENT, INC.	100.00%	\$ 1,255	\$ 1,255	15
16	V	6	REPAIRS AND MAINT.	15,660	S.I.R. MANAGEMENT, INC.	100.00%	5,712	(9,948)	16
17	V	7	EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	852	852	17
18	V	10	NURSING	34,452	S.I.R. MANAGEMENT, INC.	100.00%	15,985	(18,467)	18
19	V	15	EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	3,028	3,028	19
20	V	17	ADMINISTRATIVE	61,068	S.I.R. MANAGEMENT, INC.	100.00%	8,555	(52,513)	20
21	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	291	291	21
22	V	20	FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	185	185	22
23	V	21	CLERICAL & GENERAL	17,748	S.I.R. MANAGEMENT, INC.	100.00%	11,498	(6,250)	23
24	V	24	EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	273	273	24
25	V	25	OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	1,912	1,912	25
26	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	605	605	26
27	V	27	EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	3,568	3,568	27
28	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	2,413	2,413	28
29	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	807	807	29
30	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	3,612	3,612	30
31	V	35	EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	1,473	1,473	31
32	V								32
33	V	39	LEASED EQUIPMENT		S.I.R. MANAGEMENT, INC.	100.00%			33
34	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%			34
35	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%			35
36	V								36
37	V								37
38	V								38
39	Total			\$ 128,928			\$ 62,024	\$ * (66,904)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	DIETARY SALARIES	\$ 17,748	S.I.R. MANAGEMENT, INC.	100.00%	\$ 5,763	\$ (11,985)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	1,208	1,208	16
17	V	17	ADMIN./LEGAL SALARIES	268,287	S.I.R. MANAGEMENT, INC.	100.00%	42,235	(226,052)	17
18	V	19	FINANCIAL CONSULTANT		S.I.R. MANAGEMENT, INC.	100.00%	12,300	12,300	18
19	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	6,628	6,628	19
20	V								20
21	V	17	ADMIN. SALARY-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%	29,941	29,941	21
22	V	6	REPAIRS & MAINT.-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%	282	282	22
23	V	21	CLERICAL & GEN.-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%	275	275	23
24	V	26	AUTO INSURANCE-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%	141	141	24
25	V	27	EMP. BENEFITS-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%	6,188	6,188	25
26	V	35	AUTO LEASE-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%	3,205	3,205	26
27	V								27
28	V	17	ADMIN. SALARY-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%	29,030	29,030	28
29	V	21	CLERICAL & GEN.-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%	108	108	29
30	V	26	AUTO INSURANCE-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%	140	140	30
31	V	27	EMP. BENEFITS-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%	6,155	6,155	31
32	V	35	AUTO LEASE-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%	1,302	1,302	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 286,035			\$ 144,899	\$ * (141,136)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10A	SPECIAL REHAB	15,456	S.I.R. MANAGEMENT, INC.	100.00%	9,129	\$ (6,327)	15
16	V	15	EMP. BEN.-H. CARE & PROG.		S.I.R. MANAGEMENT, INC.	100.00%	1,913	1,913	16
17	V								17
18	V	6	REPAIRS AND MAINT.	4,032	S.I.R. MANAGEMENT, INC.	100.00%	3,041	(991)	18
19	V	7	EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	602	602	19
20	V								20
21	V								21
22	V	1	DIETICIAN SALARIES	12,000	S.I.R. MANAGEMENT, INC.	100.00%	7,309	(4,691)	22
23	V	7	EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	1,532	1,532	23
24	V								24
25	V	19	LEGAL FEES	14,100	S.I.R. MANAGEMENT, INC.	100.00%		(14,100)	25
26	V								26
27	V	17	COUNCIL DUES	21,600	S.I.R. MANAGEMENT, INC.	100.00%		(21,600)	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 67,188			\$ 23,526	\$ * (43,662)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	EMPLOYEE HEALTH INSURANCE	\$	CCS EMPLOYEE BENEFIT GROUP	100.00%	\$ 77,139	\$ 77,139	15
16	V								16
17	V								17
18	V								18
19	V	22	EMPLOYEE HEALTH INSURANCE	77,558	CCS EMPLOYEE BENEFIT GROUP	100.00%		(77,558)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 77,558			\$ 77,139	\$ * (419)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	01	DIETARY	\$	XCEL MEDICAL SUPPLY, LLC	100.00%	\$	\$	15
16	V	02	FOOD		XCEL MEDICAL SUPPLY, LLC	100.00%			16
17	V	03	HOUSEKEEPING		XCEL MEDICAL SUPPLY, LLC	100.00%			17
18	V	04	LAUNDRY		XCEL MEDICAL SUPPLY, LLC	100.00%			18
19	V	06	REPAIRS & MAINTENANCE	1,621	XCEL MEDICAL SUPPLY, LLC	100.00%	1,380	(240)	19
20	V	10	NURSING	17,648	XCEL MEDICAL SUPPLY, LLC	100.00%	15,030	(2,618)	20
21	V	10A	THERAPY		XCEL MEDICAL SUPPLY, LLC	100.00%			21
22	V	12	SOCIAL SERVICE		XCEL MEDICAL SUPPLY, LLC	100.00%			22
23	V	21	CLERICAL & GENERAL OFFICE		XCEL MEDICAL SUPPLY, LLC	100.00%			23
24	V	22	EMPLOYEE BENEFITS		XCEL MEDICAL SUPPLY, LLC	100.00%			24
25	V	39	ANCILLARY		XCEL MEDICAL SUPPLY, LLC	100.00%			25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 19,269			\$ 16,410	\$ * (2,859)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bryan Barrrish	Stockholder	Administrative	4.89%	See Attached	5.78	14.45%	SIR Salary	\$ 29,942	17-7	1
2	Mike Giannini	Stockholder	Administrative	2.88%	See Attached	5.78	14.45%	SIR Salary	29,030	17-7	2
3	Nenitz Guzman	Relative	Dietary		See Attached	4.49	11.20%	SIR Salary	5,763	1-7	3
4	Eric Rothner	Stockholder	Administrative	46.55%	See Attached	0.69	1.50%	SIR Salary	8,447	17-7	4
5	Adam Vales	Relative	Clerical		See Attached	0.50	1.25%	Alloc Salary	520	22-7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 73,702		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization PREFERRED BOOKKEEPING SERVICES
Street Address 4100 WEST PRATT AVE.
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 674-5200
Fax Number (847) 674-5267

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	3	HOUSEKEEPING	BOOK./ACCNT.INCOME	927,958	10	\$ 5,955	\$	81,938	\$ 526	1
2	5	UTILITIES	BOOK./ACCNT.INCOME	927,958	10	7,801		81,938	689	2
3	6	REPAIRS AND MAINT.	BOOK./ACCNT.INCOME	927,958	10	5,680		81,938	502	3
4	17	ADMIN. FINANCIAL SAL.	BOOK./ACCNT.INCOME	927,958	10	152,983	152,983	81,938	13,508	4
5	19	PROFESSIONAL FEES	BOOK./ACCNT.INCOME	927,958	10	12,360		81,938	1,091	5
6	20	DUES,SUBSCRIPTIONS	BOOK./ACCNT.INCOME	927,958	10	1,874		81,938	165	6
7	21	CLERICAL	BOOK./ACCNT.INCOME	927,958	10	527,777	466,233	81,938	46,602	7
8	24	SEMINARS	BOOK./ACCNT.INCOME	927,958	10	1,493		81,938	132	8
9	25	ADMIN. STAFF TRAVEL	BOOK./ACCNT.INCOME	927,958	10	5,142		81,938	454	9
10	26	INSURANCE	BOOK./ACCNT.INCOME	927,958	10	3,729		81,938	329	10
11	27	EMPLOYEE BENEFITS	BOOK./ACCNT.INCOME	927,958	10	90,428		81,938	7,985	11
12	30	DEPRECIATION	BOOK./ACCNT.INCOME	927,958	10	18,431		81,938	1,627	12
13	32	INTEREST	BOOK./ACCNT.INCOME	927,958	10	3,338		81,938	295	13
14	33	REAL ESTATE TAXES	BOOK./ACCNT.INCOME	927,958	10	20,087		81,938	1,774	14
15	35	EQUIPMENT RENTAL	BOOK./ACCNT.INCOME	927,958	10	19,368		81,938	1,710	15
16										16
17										17
18										18
19	19	COMPUTER	DIRECT ALLOCATION						4,176	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 876,446	\$ 619,216		\$ 81,565	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization S.I.R. MANAGEMENT, INC.
Street Address 6840 N. LINCOLN
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 675 -7979
Fax Number (847) 675 -0555

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	UTILITIES	PATIENT DAYS	678,909	11	\$ 13,981	\$	60,964	\$ 1,255	1
2	6	REPAIRS AND MAINT.	PATIENT DAYS	678,909	11	63,606	46,253	60,964	5,712	2
3	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	678,909	11	9,483		60,964	852	3
4	10	NURSING	PATIENT DAYS	678,909	11	178,013	178,013	60,964	15,985	4
5	15	EMP. BEN.-H.C.	PATIENT DAYS	678,909	11	33,716		60,964	3,028	5
6	17	ADMINISTRATIVE	PATIENT DAYS	678,909	11	95,266	95,266	60,964	8,555	6
7	19	PROFESSIONAL FEES	PATIENT DAYS	678,909	11	3,242		60,964	291	7
8	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	678,909	11	2,062		60,964	185	8
9	21	CLERICAL & GENERAL	PATIENT DAYS	678,909	11	128,049	90,910	60,964	11,498	9
10	24	EDUCATION & SEMINAR	PATIENT DAYS	678,909	11	3,040		60,964	273	10
11	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	678,909	11	21,297		60,964	1,912	11
12	26	INSURANCE	PATIENT DAYS	678,909	11	6,736		60,964	605	12
13	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	678,909	11	39,734		60,964	3,568	13
14	30	DEPRECIATION	PATIENT DAYS	678,909	11	26,873		60,964	2,413	14
15	32	INTEREST	PATIENT DAYS	678,909	11	8,988		60,964	807	15
16	33	REAL ESTATE TAXES	PATIENT DAYS	678,909	11	40,220		60,964	3,612	16
17	35	EQUIPMENT RENTAL	PATIENT DAYS	678,909	11	16,401		60,964	1,473	17
18										18
19	39	LEASED EQUIPMENT	LEASING INCOME	52,560	1					19
20	30	DEPRECIATION	LEASING INCOME	52,560	1	24,293				20
21	32	INTEREST	LEASING INCOME	52,560	1	6,298				21
22										22
23										23
24										24
25	TOTALS					\$ 721,298	\$ 410,443		\$ 62,024	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc.# 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization S.I.R. MANAGEMENT, INC.Street Address 6840 N. LINCOLNCity / State / Zip Code LINCOLNWOOD, IL. 60712Phone Number (847) 675 -7979Fax Number (847) 675 -0555

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	DIETARY SALARIES	PATIENT DAYS	678,909	11	\$ 64,183	\$ 64,183	60,964	\$ 5,763	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	678,909	11	13,453		60,964	1,208	2
3	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	678,909	11	470,339	470,339	60,964	42,235	3
4	19	FINANCIAL CONSULTANT	PATIENT DAYS	678,909	11	136,972		60,964	12,300	4
5	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	678,909	11	73,815		60,964	6,628	5
6										6
7	17	ADMIN. SALARY-B. BARRISH	AVG HRS WKD	30	4	155,406	155,406	6	29,941	7
8	6	REPAIRS & MAINT.-B. BARRIS	AVG HRS WKD	30	4	1,462		6	282	8
9	21	CLERICAL & GEN.-B. BARRIS	AVG HRS WKD	30	4	1,426		6	275	9
10	26	AUTO INSURANCE-B. BARRIS	AVG HRS WKD	30	4	733		6	141	10
11	27	EMP. BENEFITS-B. BARRISH	AVG HRS WKD	30	4	32,115		6	6,188	11
12	35	AUTO LEASE-B. BARRISH	AVG HRS WKD	30	4	16,634		6	3,205	12
13										13
14	17	ADMIN. SALARY-M. GIANNINI	AVG HRS WKD	30	4	150,673	150,673	6	29,030	14
15	21	CLERICAL & GEN.-M. GIANNI	AVG HRS WKD	30	4	560		6	108	15
16	26	AUTO INSURANCE-M. GIANNI	AVG HRS WKD	30	4	726		6	140	16
17	27	EMP. BENEFITS-M. GIANNINI	AVG HRS WKD	30	4	31,946		6	6,155	17
18	35	AUTO LEASE-M. GIANNINI	AVG HRS WKD	30	4	6,756		6	1,302	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,157,199	\$ 840,601		\$ 144,899	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization S.I.R. MANAGEMENT, INC.
Street Address 6840 N. LINCOLN
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 675 -7979
Fax Number (847) 675 -0555

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10A	SPECIAL REHAB	SPECIAL REHAB INC.	107,736	7	\$ 63,630	\$ 63,630	15,456	\$ 9,129	1
2	15	EMP. BEN.-H. CARE & PROG.	SPECIAL REHAB INC.	107,736	7	13,337		15,456	1,913	2
3										3
4	6	REPAIRS AND MAINT.	MAINTENANCE INC.	143,028	11	107,866	107,866	4,032	3,041	4
5	7	EMP. BEN.-GEN. SERV.	MAINTENANCE INC.	143,028	11	21,371		4,032	602	5
6										6
7										7
8	1	DIETICIAN SALARIES	DIETICIAN SERVICE INC.	125,400	10	76,377	76,377	12,000	7,309	8
9	7	EMP. BEN.-GEN. ADMIN.	DIETICIAN SERVICE INC.	125,400	10	16,008		12,000	1,532	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 298,589	\$ 247,873		\$ 23,526	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization CCS EMPLOYEE BENEFITS GROUP, INC.
Street Address 4101 W. MAIN ST.
City / State / Zip Code SKOKIE, IL 60076
Phone Number (847)905-4000
Fax Number (847)905-4040

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	EMPLOYEE HEALTH INSURANCE	DIRECT ALLOCATION			\$	\$		\$ 77,139	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ 77,139	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization XCEL MEDICAL SUPPLY, LLC
Street Address 2201 MAIN STREET
City / State / Zip Code EVANSTON, IL 60202
Phone Number (847)328-7600
Fax Number (847)328-7615

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1	01	DIETARY	Direct Allocation		\$	\$			1
	2	02	FOOD	Direct Allocation						2
	3	03	HOUSEKEEPING	Direct Allocation						3
	4	04	LAUNDRY	Direct Allocation						4
	5	06	REPAIRS & MAINTENANCE	Direct Allocation					1,380	5
	6	10	NURSING	Direct Allocation					15,030	6
	7	10A	THERAPY	Direct Allocation						7
	8	12	SOCIAL SERVICE	Direct Allocation						8
	9	21	CLERICAL & GENERAL OFFICE	Direct Allocation						9
	10	22	EMPLOYEE BENEFITS	Direct Allocation						10
	11	39	ANCILLARY	Direct Allocation						11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$	\$		16,410	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office
or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office
or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc. # 0035618 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Nomura		X	Mortgage	\$42,679.00	03/1/96	\$ 5,217,000	\$ 4,521,190			\$ 404,117	1
2	CIB Bank		X	Facility Improvements				251,580			20,870	2
3												3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6												6
7												7
8	See Supplemental Schedule										1,102	8
9	TOTAL Facility Related				\$42,679.00		\$ 5,217,000	\$ 4,772,770			\$ 426,089	9
	B. Non-Facility Related*											
10												10
11	Interest Income										(42,724)	11
12	Interest Income - Bldg Co										(426)	12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						\$	\$			\$ (43,150)	14
15	TOTALS (line 9+line14)						\$ 5,217,000	\$ 4,772,770			\$ 382,939	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1							\$					1	
2												2	
3												3	
4												4	
5												5	
6												6	
7	TOTAL Long-Term											7	
	Working Capital												
8	Alloc from Preferred Bkpg		X				\$					295	8
9	Alloc from SIR Mgmt		X									807	9
10													10
11													11
12													12
13													13
14	TOTAL Working Capital											1,102	14
	B. Non-Facility Related*												
15							\$						15
16													16
17													17
18													18
19													19
20	TOTAL Non-Facility Related												20

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2003 report.		\$	108,000		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	110,888		2
3. Under or (over) accrual (line 2 minus line 1).		\$	2,888		3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	108,000		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	1,506		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.					
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	112,394		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1999	107,001	8	
		2000	100,719	9	
		2001	103,339	10	
		2002	104,498	11	
		2003	105,502	12	
2004 Accrual - 105,502 x 1.024 = \$108,000					
Allocation SIR Management - \$3612					
Allocation Preferred Bookkeeping - \$1774					
Amari & Locallo - Reduction of 2003 Assessment - \$1,392 - SIR RE Taxes - \$114					
		FOR OHF USE ONLY			
		13	FROM R. E. TAX STATEMENT FOR 2003 \$		13
		14	PLUS APPEAL COST FROM LINE 5 \$		14
		15	LESS REFUND FROM LINE 6 \$		15
		16	AMOUNT TO USE FOR RATE CALCULATION \$		16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAMEBryn Mawr Care Inc.COUNTYCook

FACILITY IDPH LICENSE NUMBER0035618

CONTACT PERSON REGARDING THIS REPORTSteve Lavenda

TELEPHONE(847)236-1111FAX #:(847)236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 14-08-202-002-0000	Long Term Care Property	\$ 102,263.66	\$ 102,263.66
2. 14-08-202-003-0000	Long Term Care Property	\$ 3,238.05	\$ 3,238.05
3. See Attached	SIR Properties Allocation	\$ 79,702.01	\$ 3,308.68
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 185,203.72	\$ 108,810.39

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

FACILITY NAME Bryn Mawr Care Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0035618

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

B. Real Estate Tax Cost Allocations

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:	39,120	B. General Construction Type:	Exterior	Brick	Frame	Number of Stories	6
------------------------	---------------	--------------------------------------	-----------------	--------------	--------------	--------------------------	----------

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

[illegible]

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☐ NO
If so, please complete the following:

1. Total Amount Incurred:	2. Number of Years Over Which it is Being Amortized:
----------------------------------	---

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1989	\$ 63,070	1
2					2
3	TOTALS			\$ 63,070	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc.

0035618

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1989		3,323		20	133	133	2,028	9
10	Various		1990		21,607		20	1,032	1,032	15,006	10
11	Various		1991		99,075		20	4,955	4,955	66,205	11
12	Various		1992		37,297		20	1,865	(1,865)	23,835	12
13	Various		1993		18,516		20	926	926	10,921	13
14	Various		1994		33,458		20	1,890	1,890	24,668	14
15	Various		1995		64,419		20	3,221	3,221	33,093	15
16	Various		1996		130,280		20	6,513	6,513	55,516	16
17	Various		1997		192,708		20	9,808	9,808	70,833	17
18	Various		1998		163,775		20	8,189	8,189	53,508	18
19	Various		1999		39,561		20	1,978	1,978	10,176	19
20	Various		2000		120,434		20	6,021	6,021	28,852	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)	1,443,623	41,189		41,246	57	704,704	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)	71,616	2,446		2,813	367	26,961	68
69	Financial Statement Depreciation		37,487			(37,487)		69
70	TOTAL (lines 4 thru 69)	\$ 2,439,692	\$ 81,122		\$ 90,590	\$ 5,738	\$ 1,126,306	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Bryn Mawr Care Inc.

0035618

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,439,692	\$ 81,122		\$ 90,590	\$ 9,468	\$ 1,126,306	1
2	Plumbing Work	2001	7,990		20	400	400	1,599	2
3	Lobby Hvac	2001	4,320		20	216	216	774	3
4	Lighting	2001	5,408		20	270	270	946	4
5	Water Riser	2001	6,858		20	343	343	1,201	5
6	Flooring	2001	22,758		20	2,276	2,276	7,965	6
7	Flooring	2001	2,128		20	106	106		7
8	Elevator Work	2001	5,690		20	285	285	973	8
9	Elevator Cables	2001	7,750		20	388	388	1,260	9
10	N. Station Work	2001	31,472		20	1,574	1,574	4,983	10
11	Blinds	2001	6,183		20	309	309	979	11
12	Tiling	2001	949		20	47	47	150	12
13	Roofing	2001	2,890		20	145	145	579	13
14	Downspout	2001	2,670		20	134	134	524	14
15	Tuckpointing	2001	2,500		20	125	125	479	15
16	Bathtub Renovations	2001	1,150		20	58	58	217	16
17	Roofing	2001	1,980		20	99	99	363	17
18	Electrical Work	2001	2,720		20	136	136	499	18
19	Air Conditioners	2001	2,702		20	135	135	495	19
20	Air Conditioners	2001	1,771		20	89	89	303	20
21	Tiling	2001	1,263		20	63	63	210	21
22	Painting	2001	385		20	19	19	77	22
23	Flooring	2001	2,128		20	106	106	372	23
24	Painting, Wallpaper	2002	16,661		20			16,661	24
25	Hot Water Heater	2002	34,151		20	3,415	3,415	8,822	25
26	Security System	2002			20				26
27	Ext Facade	2002	639,615		20	63,962	63,962	133,253	27
28	Carpeting	2002	664		20	95	95	285	28
29	Wall Surround Panels	2002	968		20			968	29
30	Sewer Line Repair	2002	4,200		20	420	420	910	30
31	Bathtubs	2002	1,150		20	115	115	278	31
32	Exterior Facade	2003	4,800		20	240	240	480	32
33	Exterior Lighting	2003	4,034		20	403	403	740	33
34	TOTAL (lines 1 thru 33)		\$ 3,269,600	\$ 81,122		\$ 166,563	\$ 85,441	\$ 1,313,651	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,269,600	\$ 81,122		\$ 166,563	\$ 85,441	\$ 1,313,651	1
2	Emergency Lighting	2003	1,560		20	156	156	273	2
3	Bathroom Work	2003	2,300		20	115	115	192	3
4	Painting	2003	3,575		20	179	179	298	4
5	Elevator Work	2003	4,135		20	207	207	293	5
6	Elevator Motor	2003			20				6
7	Flooring	2003	3,937		20	197	197	213	7
8	Electrical Work	2003	4,000		20	200	200	217	8
9	Electrical Work	2003			20				9
10	Gate Repair	2003	575		20	29	29	58	10
11	Flooring	2003	3,353		20	168	168	238	11
12	Painting & Decorating	2003	1,375		20	69	69	115	12
13	Electrical Work	2004	17,200		20	860	860	860	13
14	Elevator Work	2004	29,500		20	369	369	369	14
15	Electical Work	2004	13,600		20	453	453	453	15
16	Fire Escape	2004	3,950		20	16	16	16	16
17	Electrical Circuits	2004	1,777		20	89	89		17
18	Floor	2004	1,616		20	81	81		18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward	\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward	\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward	\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward	\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,362,053	\$ 81,122		\$ 169,751	\$ 88,629	\$ 1,317,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	174		1989		\$ 1,443,623	\$ 41,189		\$ 41,246	\$ 57	\$ 704,704	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,443,623	\$ 41,189		\$ 41,246	\$ 57	\$ 704,704	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Bryn Mawr Care Inc.

0035618

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4		SIR Properties - SIR Management	1993		\$ 23,995	\$ 762		\$ 686	\$ (76)	\$ 7,884	4
5		SIR Properties - Preferred Bookkeeping	1993		11,784	374		337	(37)	3,872	5
6											6
7											7
8											8
	Improvement Type**										
9											9
10		Allocation from Preferred Bookkeeping	1997		14,716	329	20	736	407	5,746	10
11		Allocation from Preferred Bookkeeping	1999		117	-	20	6	6	32	11
12		Allocation from Preferred Bookkeeping	2000		738	-	20	37	(37)	163	12
13											13
14		Allocation from SIR Properties - SIR Management	2002		95	-	20	5	5	12	14
15		Allocation from SIR Properties - SIR Management	1999		3,040	304	20	152	(152)	836	15
16		Allocation from SIR Properties - SIR Management	1998		1,453	145	20	73	(72)	472	16
17		Allocation from SIR Properties - SIR Management	1997		90	9	20	5	(4)	38	17
18		Allocation from SIR Properties - SIR Management	1994		229	6	20	11	5	120	18
19		Allocation from SIR Properties - SIR Management	1993		389	2	20	19	17	224	19
20											20
21		Allocation from SIR Properties - Preferred Bookkeeping	2002		47	-	20	2	2	6	21
22		Allocation from SIR Properties - Preferred Bookkeeping	1999		1,493	149	20	75	(74)	411	22
23		Allocation from SIR Properties - Preferred Bookkeeping	1998		714	71	20	36	(35)	232	23
24		Allocation from SIR Properties - Preferred Bookkeeping	1997		44	4	20	2	(2)	19	24
25		Allocation from SIR Properties - Preferred Bookkeeping	1994		112	3	20	6	3	59	25
26		Allocation from SIR Properties - Preferred Bookkeeping	1993		191	1	20	10	9	110	26
27											27
28		Allocation from SIR Management	1993		10,306	287	20	511	224	6,132	28
29		Allocation from SIR Management	1994		32	-	20	2	2	32	29
30		Allocation from SIR Management	1995		236	-	20	12	12	111	30
31		Allocation from SIR Management	1999		1,119	-	20	56	56	292	31
32		Allocation from SIR Management	2000		676	-	20	34	34	158	32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 71,616	\$ 2,446		\$ 2,813	\$ 293	\$ 26,961	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 366,105	\$ 27,192	\$ 32,861	\$ 5,669	10	\$ 265,101	71
72	Current Year Purchases	13,708	106	904	798	10	904	72
73	Fully Depreciated Assets	212,526				10	212,526	73
74								74
75	TOTALS	\$ 592,339	\$ 27,298	\$ 33,765	\$ 6,467		\$ 478,531	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76		1998 CHEVY VAN	2001	\$ 15,436	\$ 1,775	\$ 1,544	\$ (231)	5	\$ 5,274
77									
78									
79									
80	TOTALS			\$ 15,436	\$ 1,775	\$ 1,544	\$ (231)		\$ 5,274

E. Summary of Care-Related Assets					1	2
		Reference			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$ 4,032,898	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$ 110,195	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$ 205,060	
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$ 94,865	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$ 1,801,051	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES☐ NO
16. Rental Amount for movable equipment: \$7,643
- Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Allocation from Preferred Bookkeeping		\$	\$1,360	17
18	Allocation from SIR Management			4,507	18
19					19
20					20
21	TOTAL		\$	\$5,867	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	\$
13.	/2006	\$
14.	/2007	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF AIDES TRAINED

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	N/A	hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental									13
14	TOTAL			\$		\$	\$		\$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 29,409	\$ 32,164	1
2	Cash-Patient Deposits	27,535	27,535	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,021,884	1,021,884	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,507	15,507	6
7	Other Prepaid Expenses	3,035	3,035	7
8	Accounts Receivable (owners or related parties)	535,000	535,000	8
9	Other(specify): See Attached Schedule	41,916	41,916	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,674,286	\$ 1,677,041	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		207,475	13
14	Buildings, at Historical Cost		1,443,623	14
15	Leasehold Improvements, at Historical Cost	1,389,544	1,389,544	15
16	Equipment, at Historical Cost	942,748	942,748	16
17	Accumulated Depreciation (book methods)	(1,065,646)	(1,846,427)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule		26,709	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,266,646	\$ 2,163,672	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,940,932	\$ 3,840,713	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 142,158	\$ 142,157	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	27,831	27,831	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	82,018	82,018	30
31	Accrued Taxes Payable (excluding real estate taxes)	6,340	6,340	31
32	Accrued Real Estate Taxes(Sch.IX-B)	108,000	108,000	32
33	Accrued Interest Payable		22,919	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	19,750	19,750	35
	Other Current Liabilities(specify):			
36	See Attached Schedule	866	866	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 386,963	\$ 409,881	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	251,580	251,580	39
40	Mortgage Payable		4,521,190	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 251,580	\$ 4,772,770	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 638,543	\$ 5,182,651	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,302,389	\$ (1,341,938)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,940,932	\$ 3,840,713	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,005,735	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,005,735	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	923,054	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(626,400)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 296,654	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,302,389	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care Inc.# 0035618Report Period Beginning: 01/01/04Ending: 12/31/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,104,409	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,104,409	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	42,724	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 42,724	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	1,234	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,234	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,148,367	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	771,392	31
32	Health Care	1,412,407	32
33	General Administration	1,172,949	33
	B. Capital Expense		
34	Ownership	773,039	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee	95,526	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,225,313	40
41	Income before Income Taxes (line 30 minus line 40)**	923,054	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 923,054	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,043	2,164	\$ 66,499	\$ 30.73	1
2	Assistant Director of Nursing	1,722	1,840	43,295	23.53	2
3	Registered Nurses	3,749	3,763	76,330	20.28	3
4	Licensed Practical Nurses	9,103	9,848	189,827	19.28	4
5	Nurse Aides & Orderlies	56,110	59,799	534,891	8.94	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides			18,837		8
9	Activity Director	1,810	2,091	26,421	12.64	9
10	Activity Assistants	10,535	11,494	86,006	7.48	10
11	Social Service Workers	12,081	13,165	185,464	14.09	11
12	Dietician					12
13	Food Service Supervisor	1,930	2,136	30,534	14.29	13
14	Head Cook	4,966	5,229	42,253	8.08	14
15	Cook Helpers/Assistants	8,701	9,120	66,970	7.34	15
16	Dishwashers					16
17	Maintenance Workers	1,842	2,091	46,379	22.18	17
18	Housekeepers	14,073	15,035	118,752	7.90	18
19	Laundry					19
20	Administrator	2,010	2,091	75,881	36.29	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,252	5,989	82,944	13.85	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	244	244	5,324	21.82	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	3,797	3,797	10,442	2.75	33
34	TOTAL (lines 1 - 33)	139,968	149,896	\$ 1,707,049 *	\$ 11.39	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 29,748	01-03	35
36	Medical Director	Monthly	3,600	09-03	36
37	Medical Records Consultant	Monthly	4,120	10-03	37
38	Nurse Consultant	Monthly	34,452	10-03	38
39	Pharmacist Consultant	Monthly	3,016	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Physco Social Consultant</u>	Monthly	3,600	12-03	47
48	<u>Specialized Rehab Consultant</u>	Monthly	17,532	10A-03	48
49	TOTAL (lines 35 - 48)		\$ 96,068		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,803	\$ 64,896	10-03	50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	1,803	\$ 64,896		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

STATE OF ILLINOIS

0035618

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Report Period Beginning: 01/01/04

Ending: 12/31/04

Facility Name & ID Number

Bryn Mawr Care Inc.

XIX. SUPPORT SCHEDULES

<div>A. Administrative Salaries</div> <table> <tr> <th>Name</th> <th>Function</th> <th>Ownership %</th> <th>Amount</th> </tr> <tr> <td>Michael Toral</td> <td>Administrator</td> <td>0</td> <td>\$ 51,384</td> </tr> <tr> <td>Dorothy Jackson</td> <td>Asst Administrator</td> <td>0</td> <td>24,497</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3">TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)</td> <td>\$ 75,881</td> </tr> </table>				Name	Function	Ownership %	Amount	Michael Toral	Administrator	0	\$ 51,384	Dorothy Jackson	Asst Administrator	0	24,497																	TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 75,881	<div>D. Employee Benefits and Payroll Taxes</div> <table> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Workers' Compensation Insurance</td> <td>\$ 13,630</td> </tr> <tr> <td>Unemployment Compensation Insurance</td> <td>24,538</td> </tr> <tr> <td>FICA Taxes</td> <td>127,396</td> </tr> <tr> <td>Employee Health Insurance</td> <td>49,479</td> </tr> <tr> <td>Employee Meals</td> <td>15,500</td> </tr> <tr> <td>Illinois Municipal Retirement Fund (IMRF)*</td> <td> </td> </tr> <tr> <td>Union Health & Welfare</td> <td>56,705</td> </tr> <tr> <td>Chicago Head Tax</td> <td>3,984</td> </tr> <tr> <td>401K Matching Contributions</td> <td>2,600</td> </tr> <tr> <td>Other Employee Benefits</td> <td>5,838</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td colspan="2">TOTAL (agree to Schedule V, line 22, col.8)</td> <td>\$ 299,670</td> </tr> </table>				Description	Amount	Workers' Compensation Insurance	\$ 13,630	Unemployment Compensation Insurance	24,538	FICA Taxes	127,396	Employee Health Insurance	49,479	Employee Meals	15,500	Illinois Municipal Retirement Fund (IMRF)*		Union Health & Welfare	56,705	Chicago Head Tax	3,984	401K Matching Contributions	2,600	Other Employee Benefits	5,838							TOTAL (agree to Schedule V, line 22, col.8)		\$ 299,670	<div>F. Dues, Fees, Subscriptions and Promotions</div> <table> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>IDPH License Fee</td> <td>\$ </td> </tr> <tr> <td>Advertising: Employee Recruitment</td> <td>4,054</td> </tr> <tr> <td>Health Care Worker Background Check (Indicate # of checks performed 62)</td> <td>741</td> </tr> <tr> <td>Advertising & Promotion</td> <td>2,185</td> </tr> <tr> <td>Dues & Subscriptions</td> <td>5,934</td> </tr> <tr> <td>Licenses & Permits</td> <td>5,393</td> </tr> <tr> <td>SIR Management Allocation</td> <td>185</td> </tr> <tr> <td>Preferred Bookkeeping Allocation</td> <td>163</td> </tr> <tr><td> </td><td> </td></tr> <tr> <td>Less: Public Relations Expense</td> <td>()</td> </tr> <tr> <td>Non-allowable advertising</td> <td>(2,185)</td> </tr> <tr> <td>Yellow page advertising</td> <td>()</td> </tr> <tr> <td colspan="2">TOTAL (agree to Sch. V, line 20, col. 8)</td> <td>\$ 16,471</td> </tr> </table>				Description	Amount	IDPH License Fee	\$	Advertising: Employee Recruitment	4,054	Health Care Worker Background Check (Indicate # of checks performed 62)	741	Advertising & Promotion	2,185	Dues & Subscriptions	5,934	Licenses & Permits	5,393	SIR Management Allocation	185	Preferred Bookkeeping Allocation	163			Less: Public Relations Expense	()	Non-allowable advertising	(2,185)	Yellow page advertising	()	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 16,471
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XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
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16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

Yes
- (2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

Illinois Council on Long Term Care-\$8,926.20
- (3)

Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?
- (5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

10yrs
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 1,157

Line 10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.
- (9)

Are you presently operating under a sublease agreement?

YES

X

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.

\$ 95,526

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

N/A
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 15,500

Has any meal income been offset against related costs?

No

Indicate the amount.

\$
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

100% In 14

d. Have vehicle usage logs been maintained?

N/A

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$
- (17)

Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:

The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?

If no, please explain.
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes
- (19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?

Yes

Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT